| ved OMB No. 2050—0039 (Expires 9-30-91)  tor type. (Form designed for use on elite (12-pitch typewriter).  UNIFORM HAZARDOUS  1. Generator's US EPA ID No.  Document No.   |  |   |  |            | age 1 Informa  | Sacram<br>ation in the shaded                                  | 2800000<br>480000 |
|--|--|---|--|------------|--|--|-------------------|
| WASTE MANIFEST   C. A. D. 0. 8. 6. 5. 1. 0. 0. 0. 5  9 1  1. 5 0   |  |   |  |            | of 1 is not required by Federal law.  A. State Manifest Document Number  |  |                   |
| A Generator's Name and Mailing Address ACDONNE'S Douglas Aircraft Co. 19503 S. Normandie Avenue  |  |   |  |            | 89476990   |  |                   |
| Torrance, CA 90502<br>4 Generator's Phone 213 ) 533-6677 K. L. Anderson 722 M/S C6-10  |  |   |  |            | e Generator's ID<br>A.H.Q.3.6  | 40 <sub>1</sub> 0 <sub>1</sub> 5 <sub>1</sub> 6 <sub>1</sub> 9 | .8                |
|  |  |   |  |            | C. State Transporter's ID 6/3942   |  |                   |
| J.C.I. Environmental Services 7. Transporter 2 Company Name  | C4A4O3<br>8.   | 0,5,8,0,1,6<br>US EPA ID Number   |  |            | nsporter's Phone<br>le Transporter's II  | 7213)268-<br>5   | -31               |
| 7. Hallsporter 2 Company Name  | 1.1.1  |   | 111  |            | nsporter's Phone   |  |                   |
| 9. Designated Facility Name and Site Address<br>Chem Tech Systems, Inc.  | 10.  | US EPA ID Number  |  | G. Sta     | te Facility's ID<br>AITI (1957)  | 503368   | 1                 |
| 3650 E. 26th St.   |  |   |  | H. Fac     | ility's Phone  | 600T   | 1                 |
| Vernon,CA 90023  |  | 01810101313   | 12. Cont   | ainers     | 13. Total  | 14. Unit Wa  | l.<br>iste        |
| 11. US DOT Description (Including Proper Shipping Name   | , Hazard Class, an   | d ID Number)  | No.  | Туре       | Quantity   | Wt/Vol State   | 1816              |
| Hazardous waste liquid, n.g.s<br>NA9189, (D006, D007, & D008)  | ., ORM-E,  | (EPTOX),  |  |            |  | EPA/Oth  | <u>22</u><br>er   |
| b.   |  |   | 0  0  1  | TIT        | olsaka   | ) G DO   | 961               |
|  |  |   |  |            |  | EPA/Oth  | er                |
| G. See See See See See See See See See Se  |  |   | <u> </u>   | 1          | <u>                                      </u>  | State  |                   |
|  |  | 0.00  |  |            |  | EPA/Oth  | er                |
| d.   | - 1  |   |  |            | 1111   | State  |                   |
|  |  |   |  |            |  | EPA/Oth  | er                |
| J. Additional Descriptions for Materials Listed Above  | *  |   |  | K. Ha      | ndling Codes for   | Wastes Listed Abov<br>I b.                                     | е                 |
| See Attached Analytical Report  15. Special Handling Instructions and Additional Information  Guide# 31 Use gloves, goggles, respirator.   | on   | PRO   | FILE #8  | 3-216      |  |  |                   |
| Return to Shipper if Rejected.<br>39-T   |  | HAU   | FF 37  | 29         |  |  |                   |
| GENERATOR'S CERTIFICATION: I hereby declare and are classified, packed, marked, and labeled, and national government regulations.  If I am a large quantity generator, I certify that I have to be economically practicable and that I have select present and future threat to human health and the errors. | d are in all respect  a program in place  ted the practicable  nvironment: OR if | s in proper condition to to reduce the volu- to method of treatmen to am a small quantity | tor transport<br>me and toxicit<br>it, storage, or<br>generator, I h | y of was   | te generated to to<br>currently availab  | he degree I have de<br>le to me which minin                    | term<br>nizes     |
| generation and select the best waste management in   | 100  | Signature   | بر ۱   |            |  | Month  | Da                |
| generation and select the best waste management in   |  | //  |  |            | Company (Control of the Control of t |  | Q                 |
|  | A.C.   | 14  | <u>//                                   </u>                         |            |  | <b>M</b> 2 <b>M</b>  |                   |
| Printed/Typed Name Kris L. Anderson Agent for M.D  | i.A.C.   | Signature   | /  |            |  | Month  | Da<br>M M         |
| Printed/Typed Name Kris L. Anderson Agent for M.D 17. Transporter 1 Acknowledgement of Receipt of Materi   | ials   | Signature Call S  | /<br>Ichu  | L          |  | <u></u> 1  | OΥ                |
| Printed/Typed Name Kris L. Anderson Agent for M.D.  17. Transporter 1 Acknowledgement of Receipt of Material Printed/Typed Name  | ials   | Signature Signature   | John   | 4          |  | Month Month  | <i>0</i>          |
| Printed/Typed Name Kris L. Anderson Agent for M.D  17. Transporter 1 Acknowledgement of Receipt of Material Printed/Typed Name 18. Transporter 2 Acknowledgement of Receipt of Material  | ials   | Signature   | 1chu   | <u> In</u> |  | <u></u> 1  | Da<br>Da<br>,     |

| Printed/Typed Name  | Signature   }        | Month Day Year |
|---|----------------------|----------------|
| Kris L. Anderson Agent for M.D.A.C.                       |                      | 949699         |
| 17. Transporter 1 Acknowledgement of Receipt of Materials |                      |                |
| Printed/Typed Name Dale Schuses/84                        | Signature Col Schule | Month Day Year |
| 18. Transporter 2 Acknowledgement of Receipt of Materials |                      |                |
| Printed/Typed Name  | Signature            | Month Day Year |
| Here  |                      | · 11111        |
| 19. Discrepancy Indication Space                          |                      |                |
|   |                      |                |

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

DHS 8022 A (1/88)

A

CASE OF AN

EPA 8700—22 (Rev. 9-88) Previous editions are obsolete. Do Not Write Below This Line

YELLOW: GENERATOR RETAINS